

Treatment Programs & Treatment Systems: Evidence-Based Services in Context

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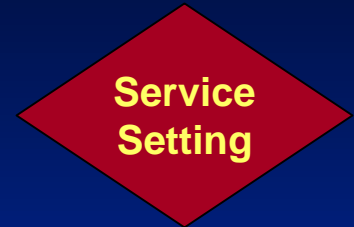
Presented at the 2004 National Training Institutes on "Developing Local Systems of Care for Children and Adolescents with Emotional Disturbances and their Families: Early Intervention." San Francisco, CA. June, 2004

Learning Objectives

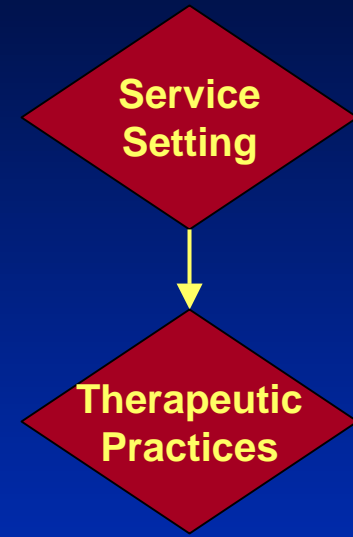
1. Identify 5 key service decisions
2. Describe 4 service-relevant evidence bases
3. Understand relations between evidence bases and service decisions
4. Provide concrete examples for facilitating evidence-based service delivery
5. Illustrate how evidence-based treatment systems encompass evidence-based service programs

Building an Evidence-Based System Model

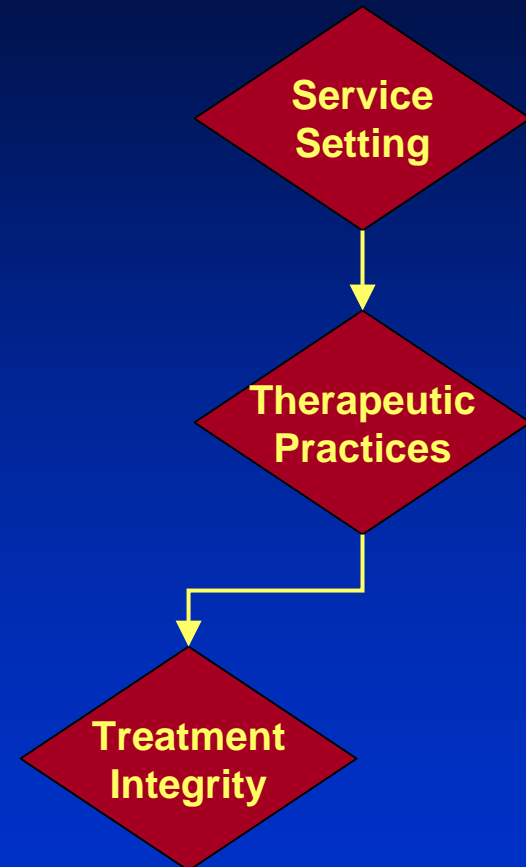
Where should we treat the client?



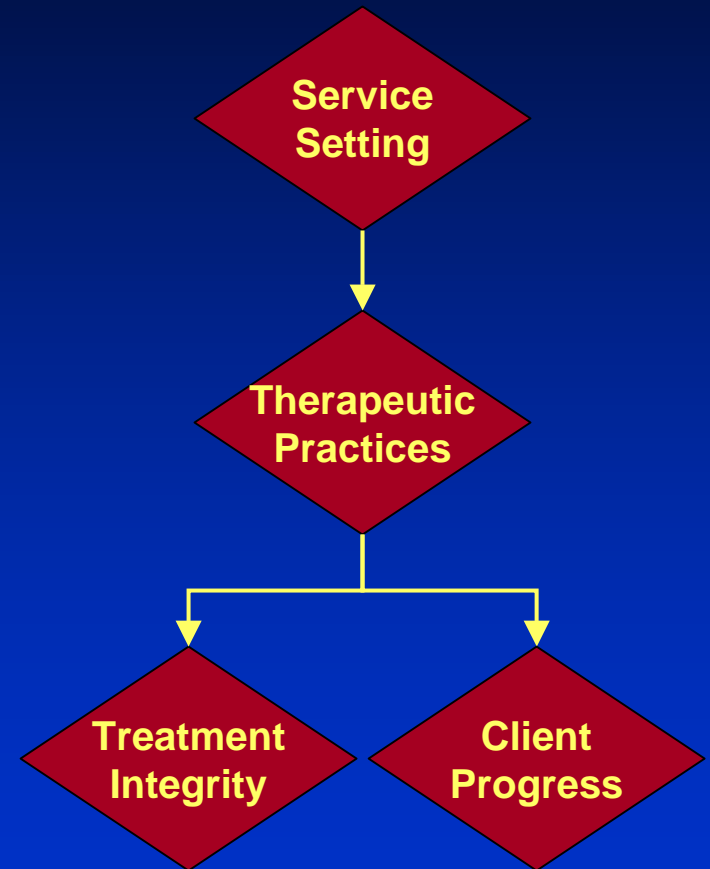
How should we treat the client?



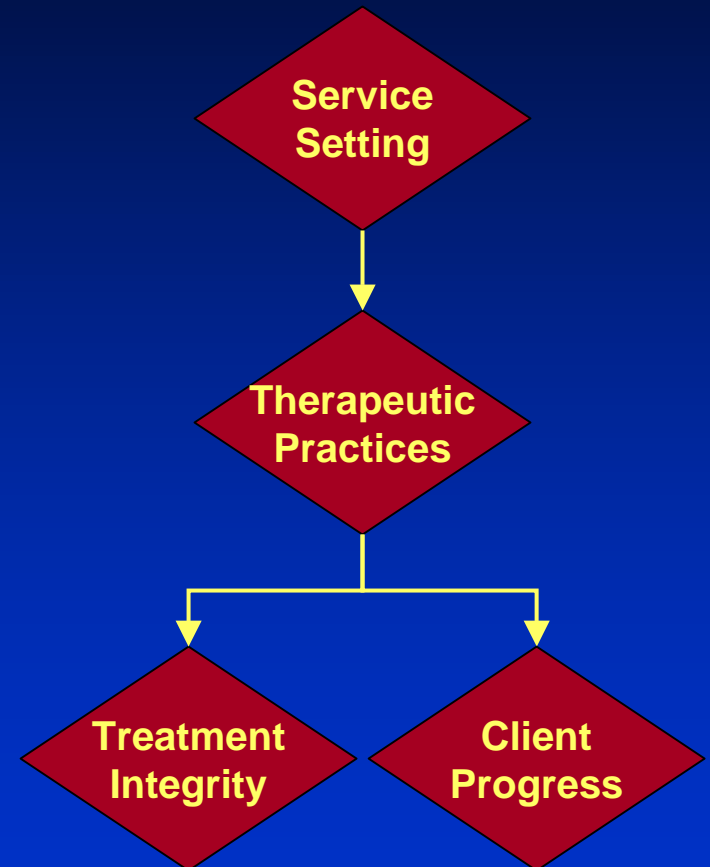
Are we providing quality service to the client?



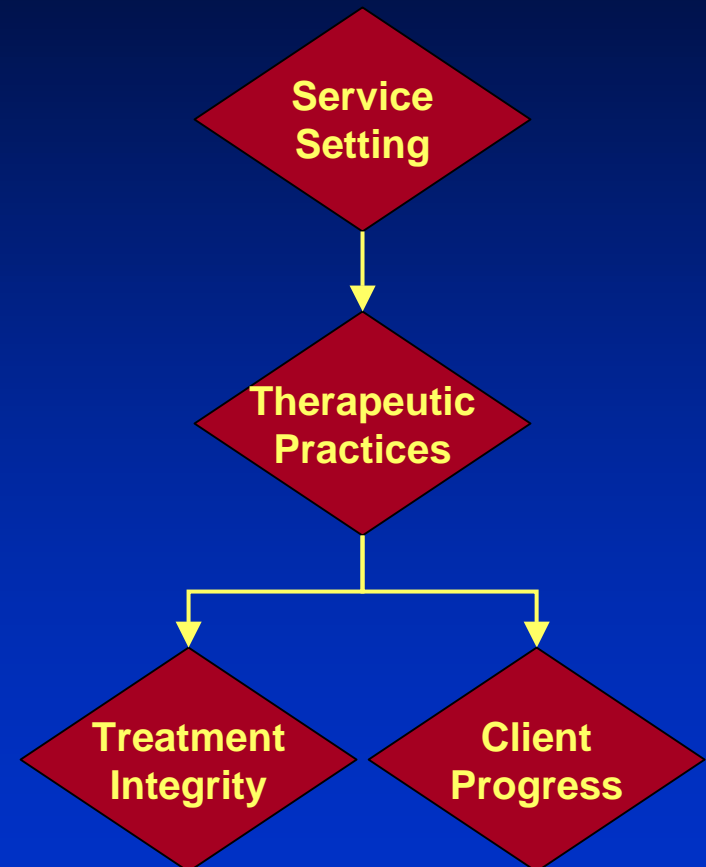
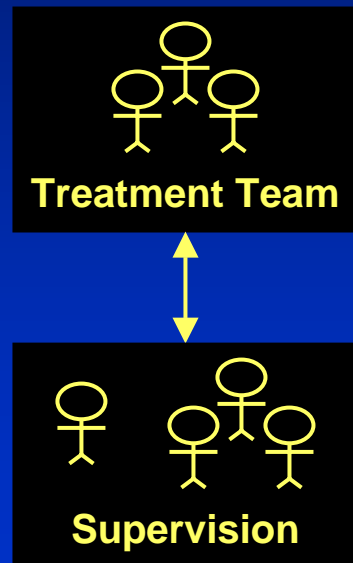
Is the client getting better?



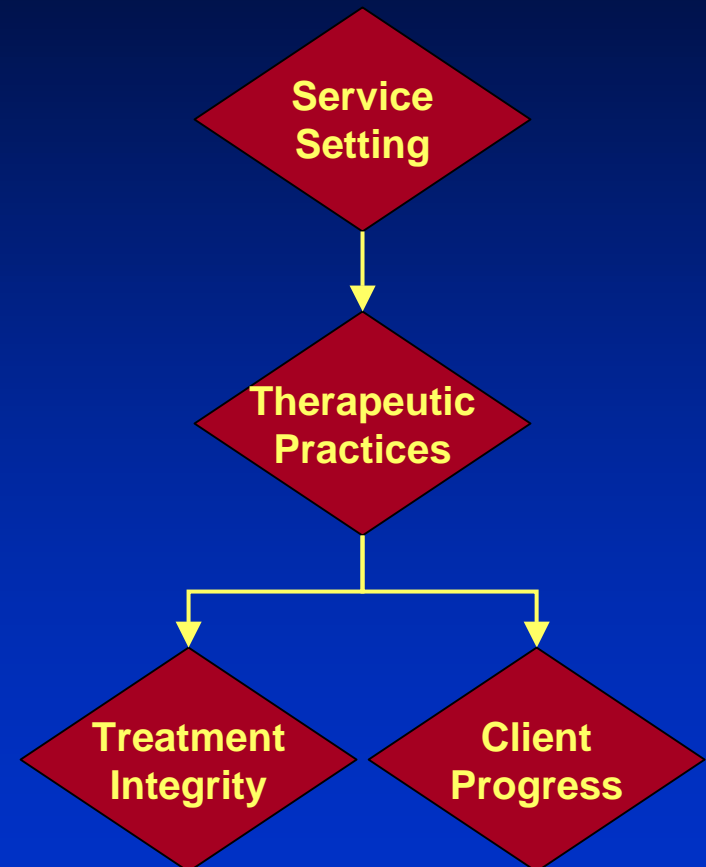
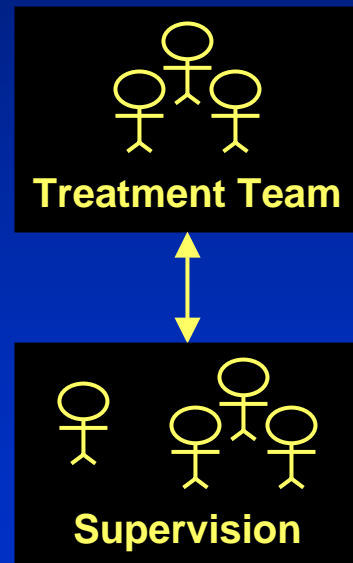
Who should treat the client?



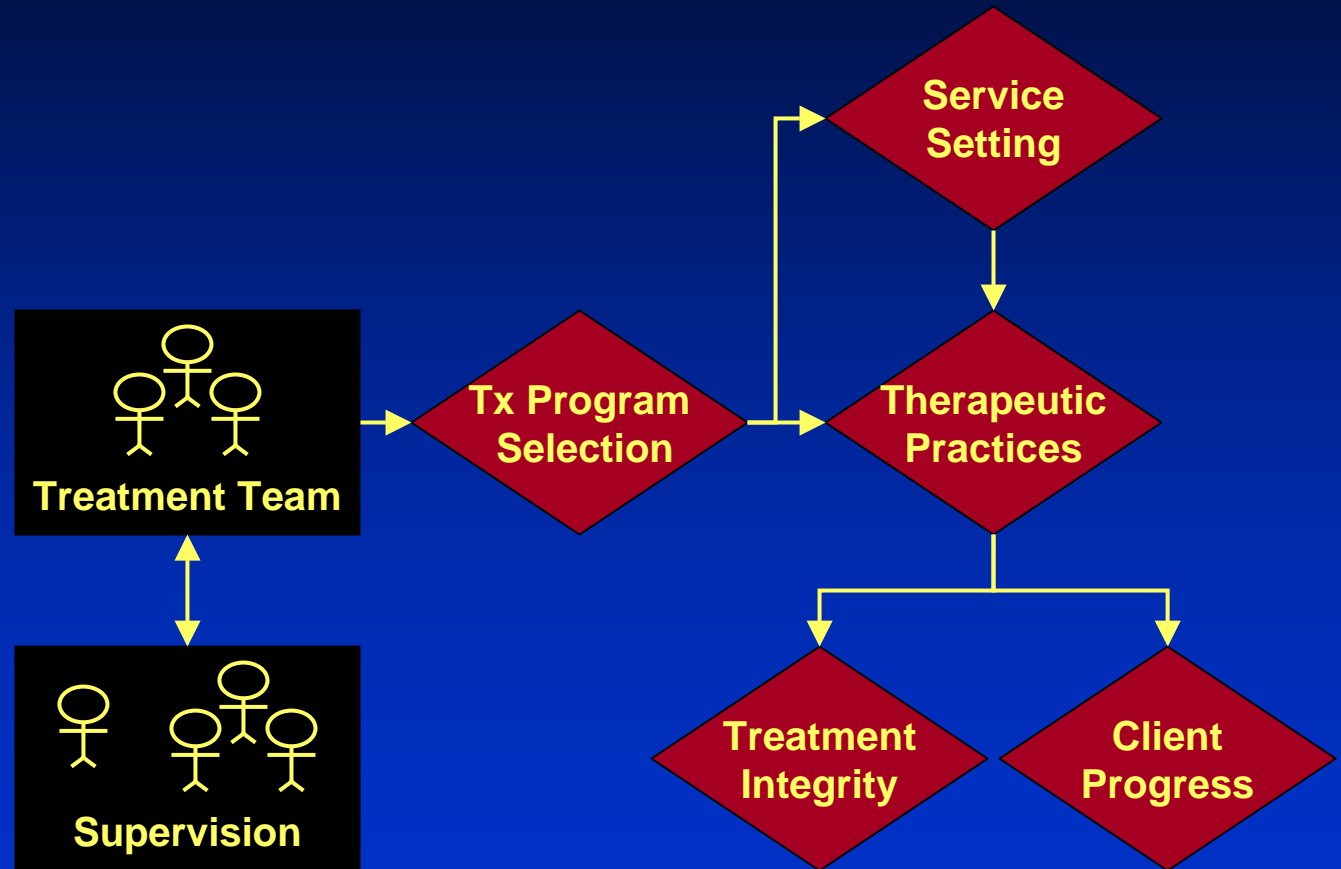
How should we manage the treatment?



Treatment programs formalize these elements

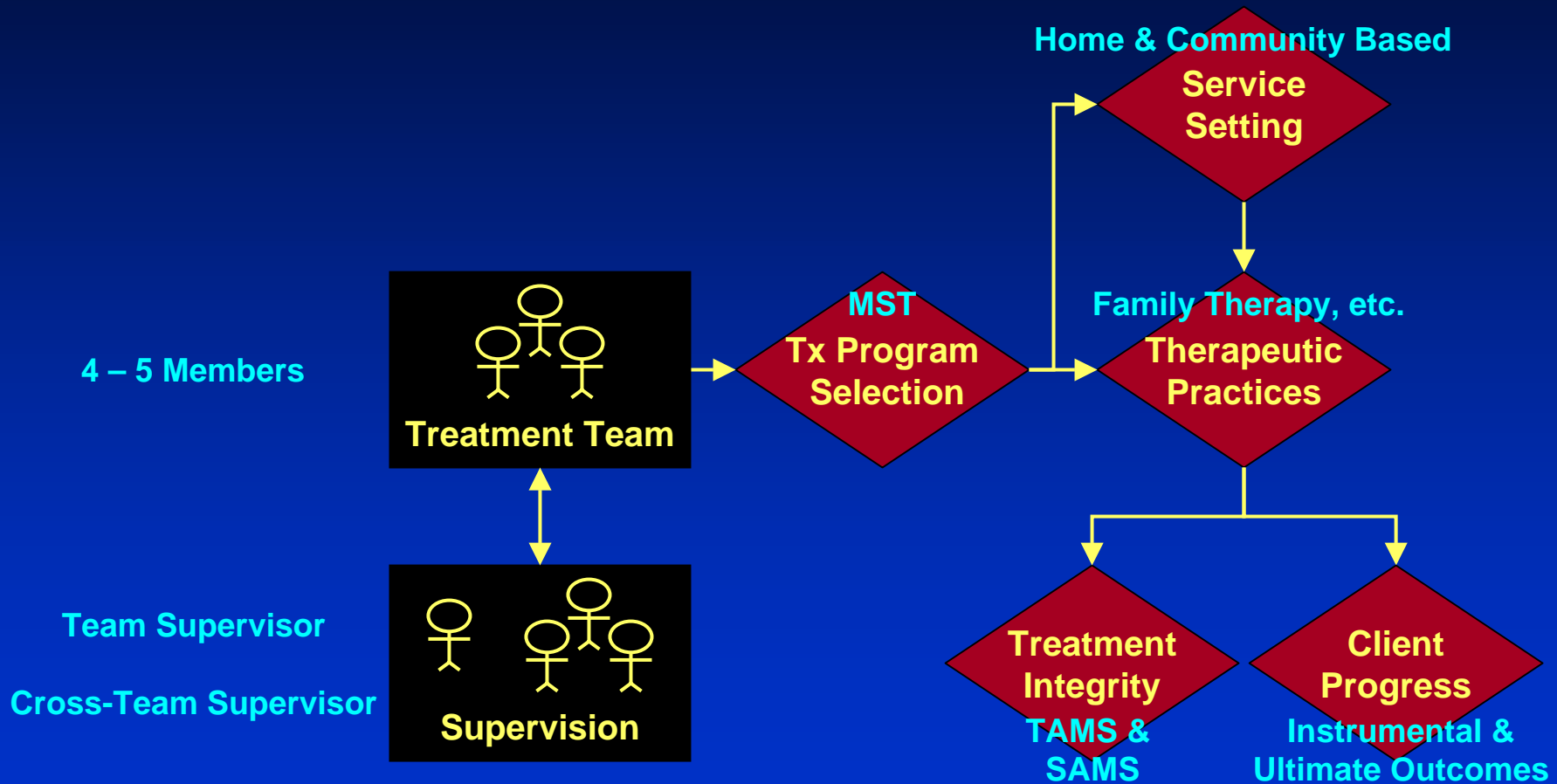


Selecting a program structures other decisions

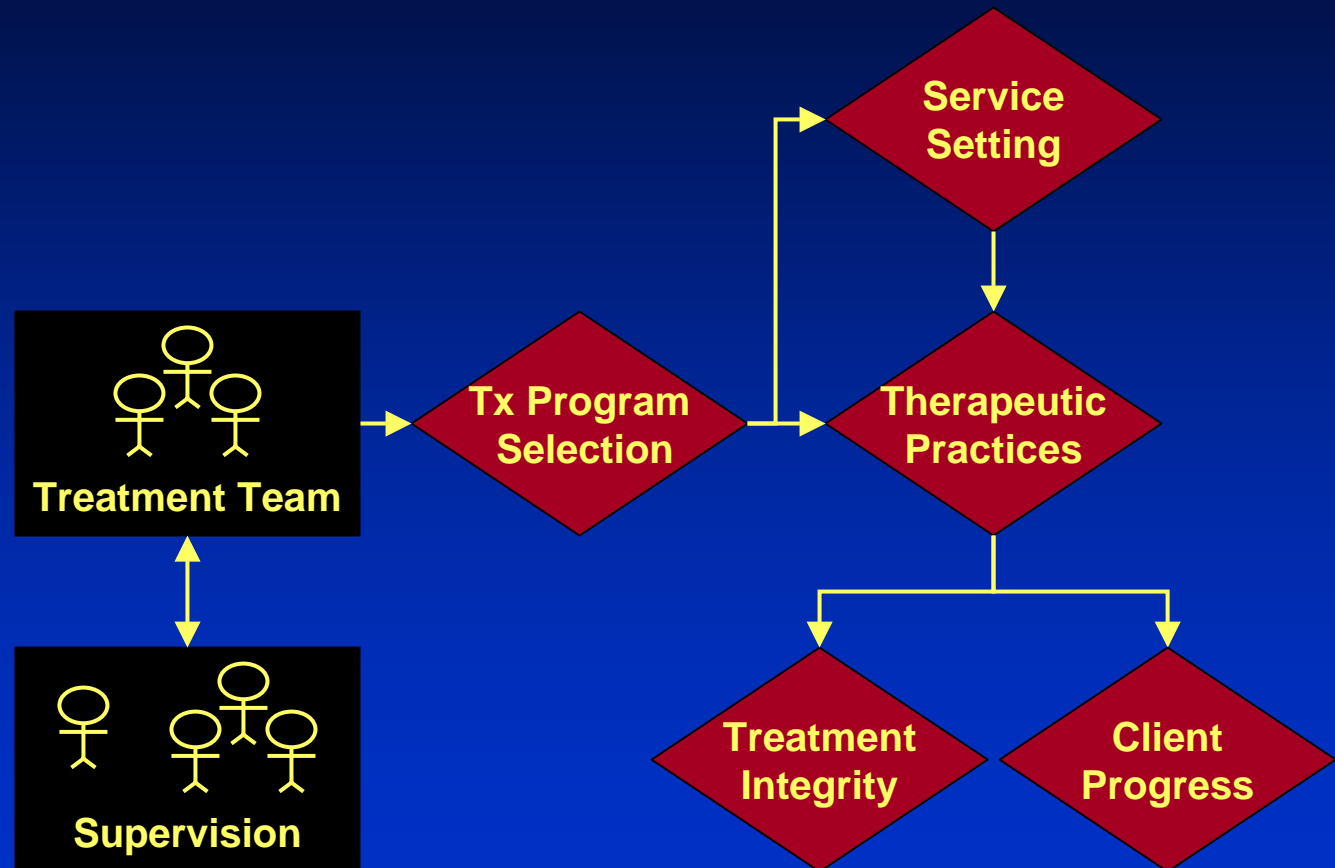


Selecting a program structures other decisions

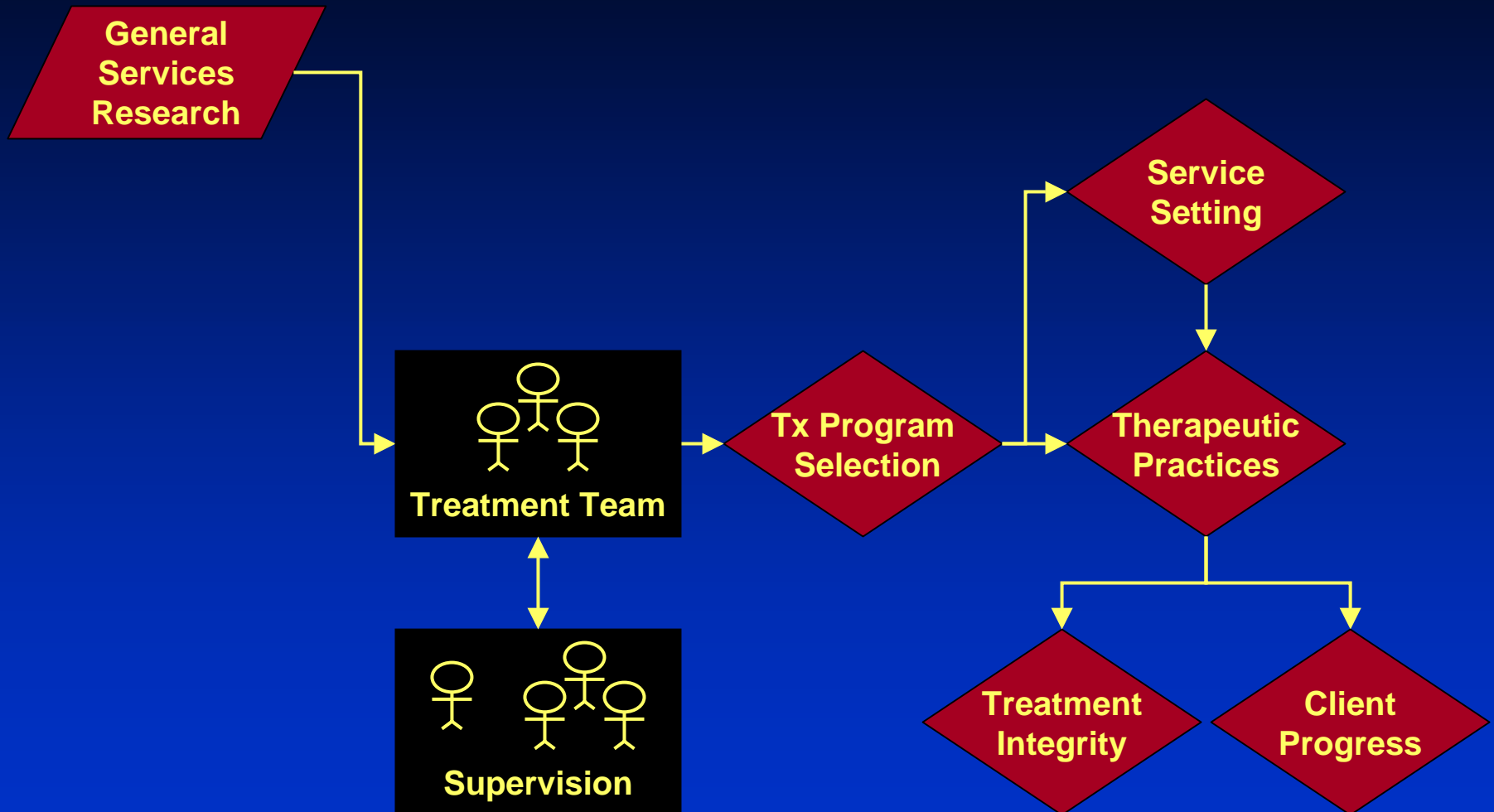
Multisystemic Therapy (MST) Example



How should we select a program?

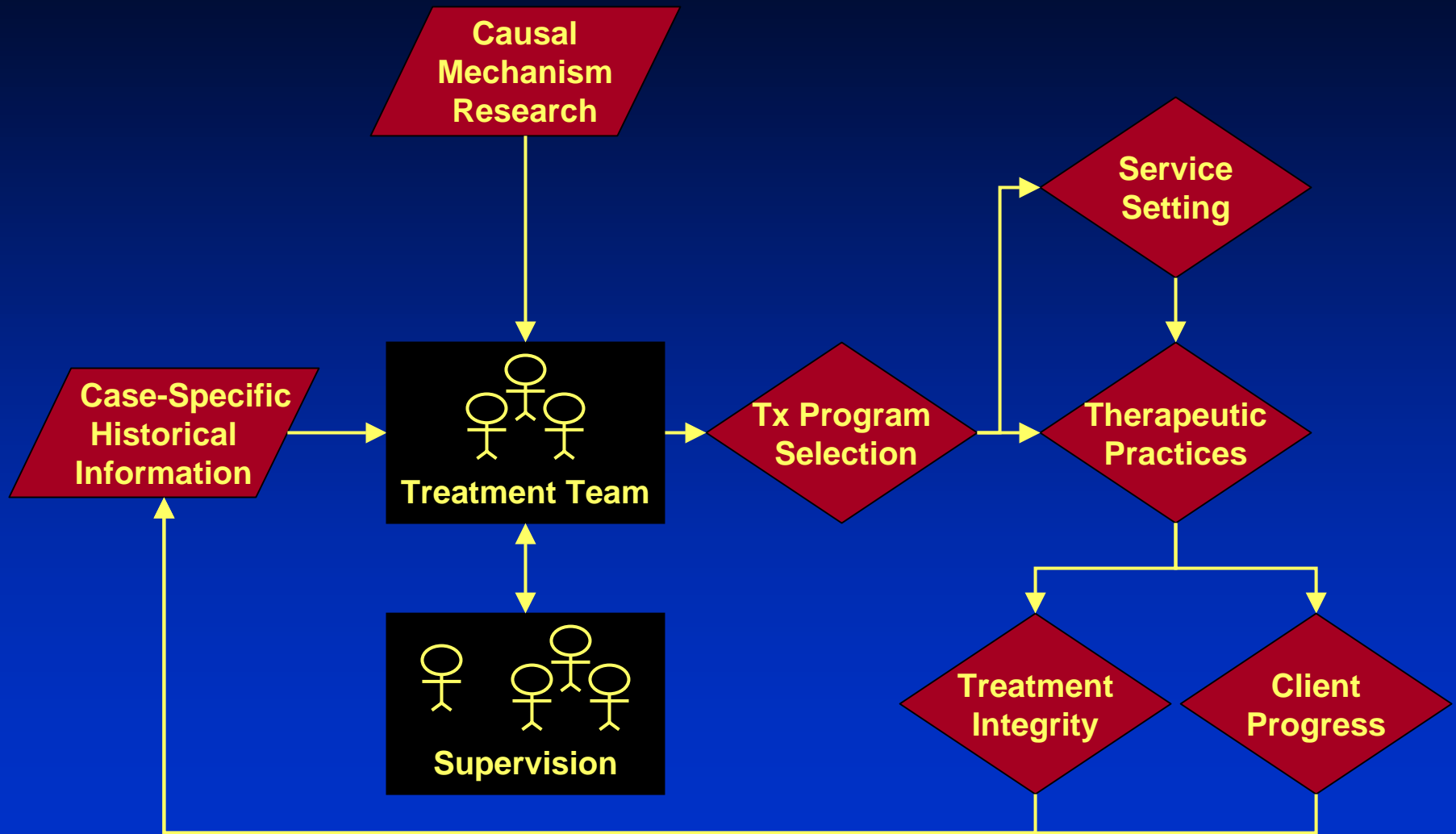


How should we select a program?



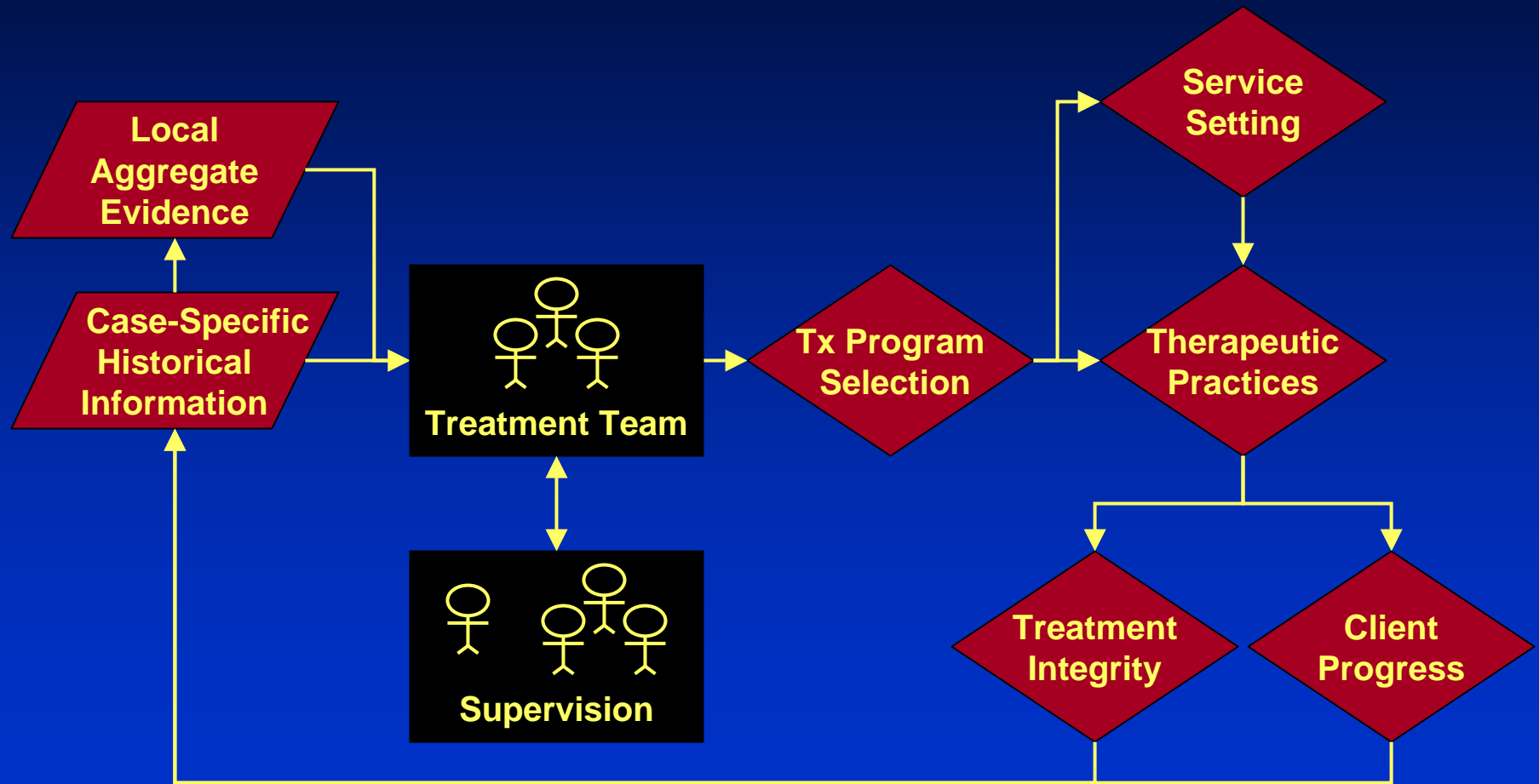
Evidence-Based Services Model

How should we select a program?



Individualized Case Conceptualization Model

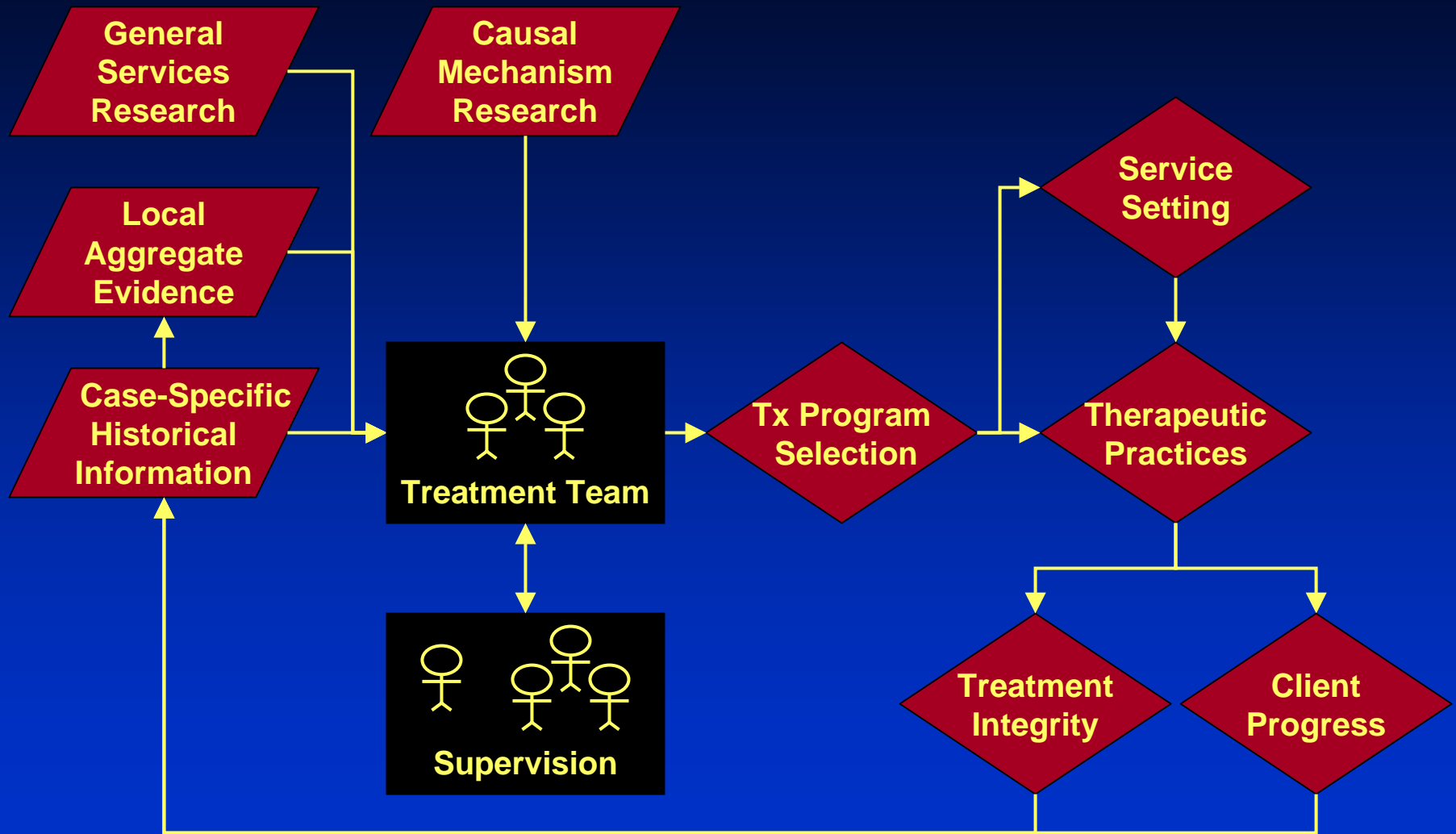
How should we select a program?



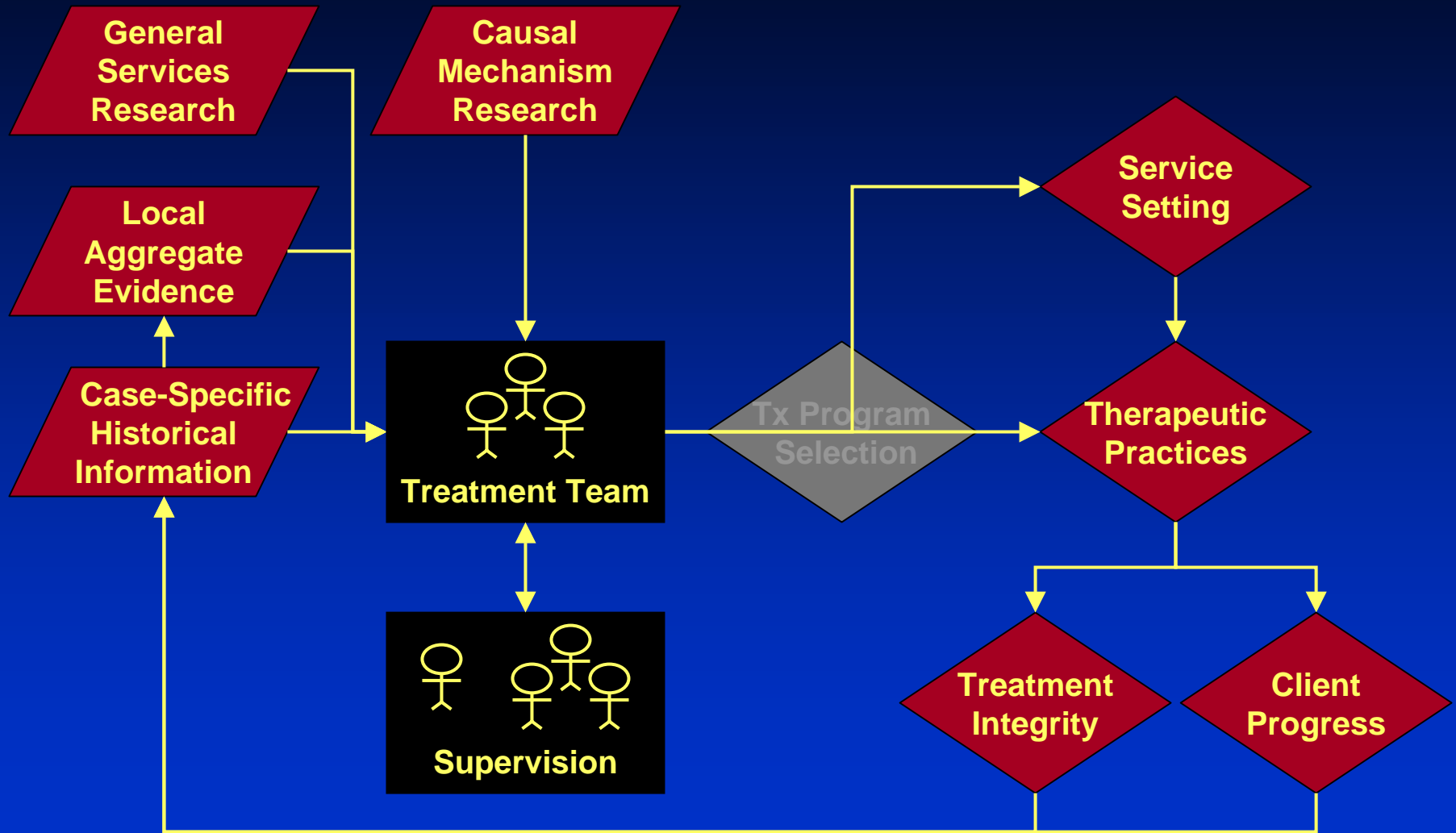
Practice-Based Evidence Model

How should we select a program?

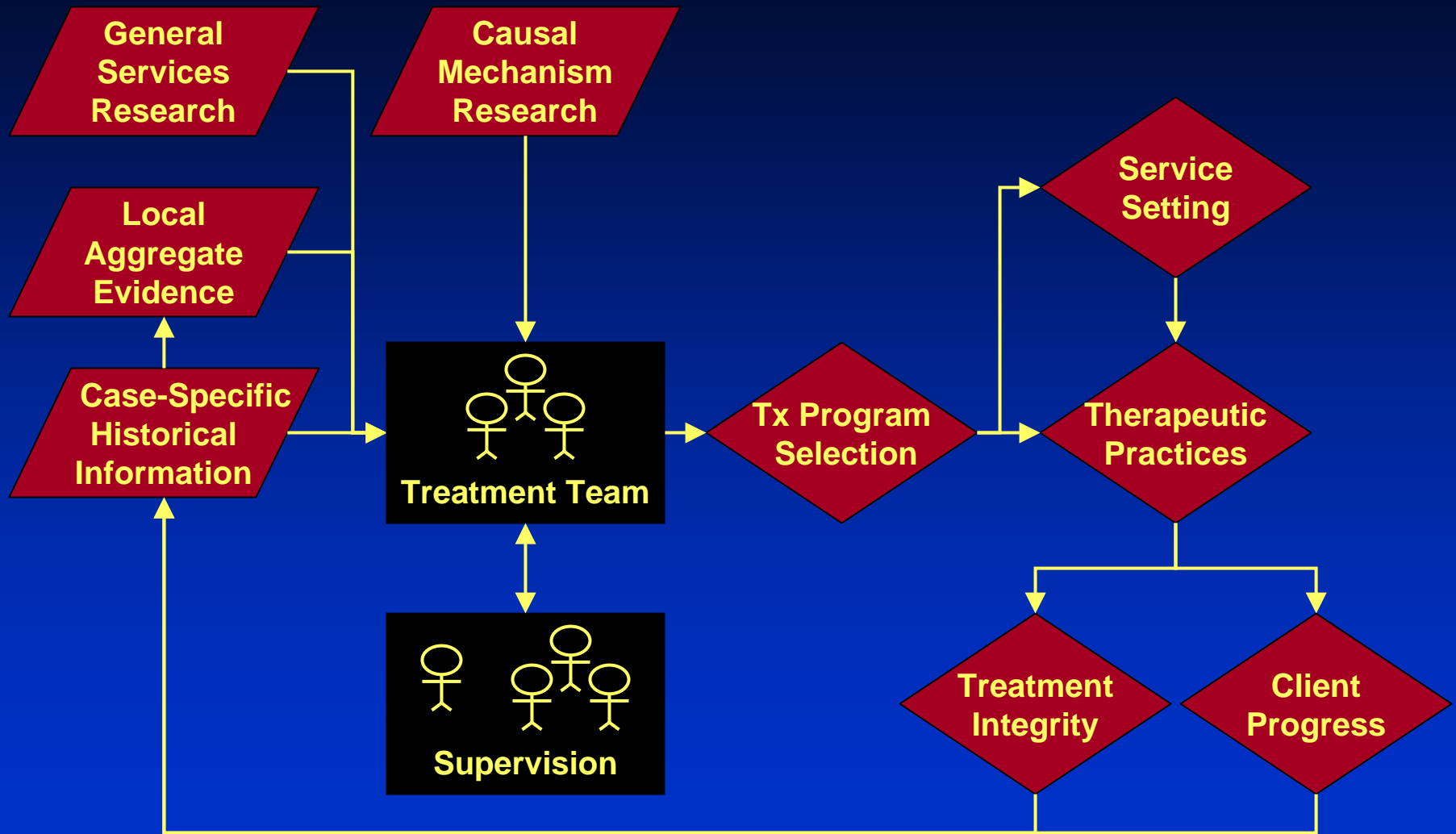
The full system model



Hawaii's New Adventure: Valid alternatives to deciding by program?



Now that we see it, what do we do with it?



A Brief Aside on Evidence Bases

Desirable Properties of Evidence-Based Systems

1. Structured and Reliable (Replicable)
2. Publicly Verifiable
3. Self-Correcting over the Long Run (Efficient)
4. Valid and Useful (Pragmatic)
5. Distributable (Generalizable)

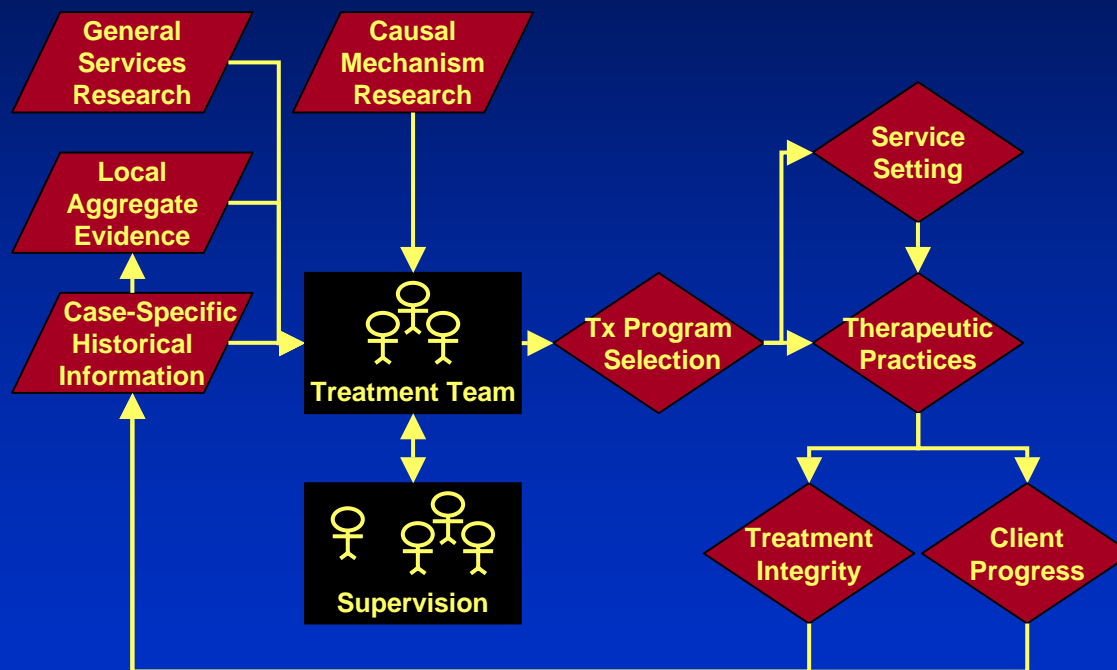
The Phases of Evidence

1. Data: Discretely identifiable units
2. Information: Data in a context that provides it meaning
3. Knowledge: Information helpful to decision-making
4. Wisdom: Knowing when to apply our knowledge

The Phases of Evidence: Example

1. Data: 80
2. Information: 80° F
3. Knowledge: It is warm enough to wear shorts.
4. Wisdom: I am giving a professional talk today, so my knowledge that it is warm enough to wear shorts is irrelevant to my attire.

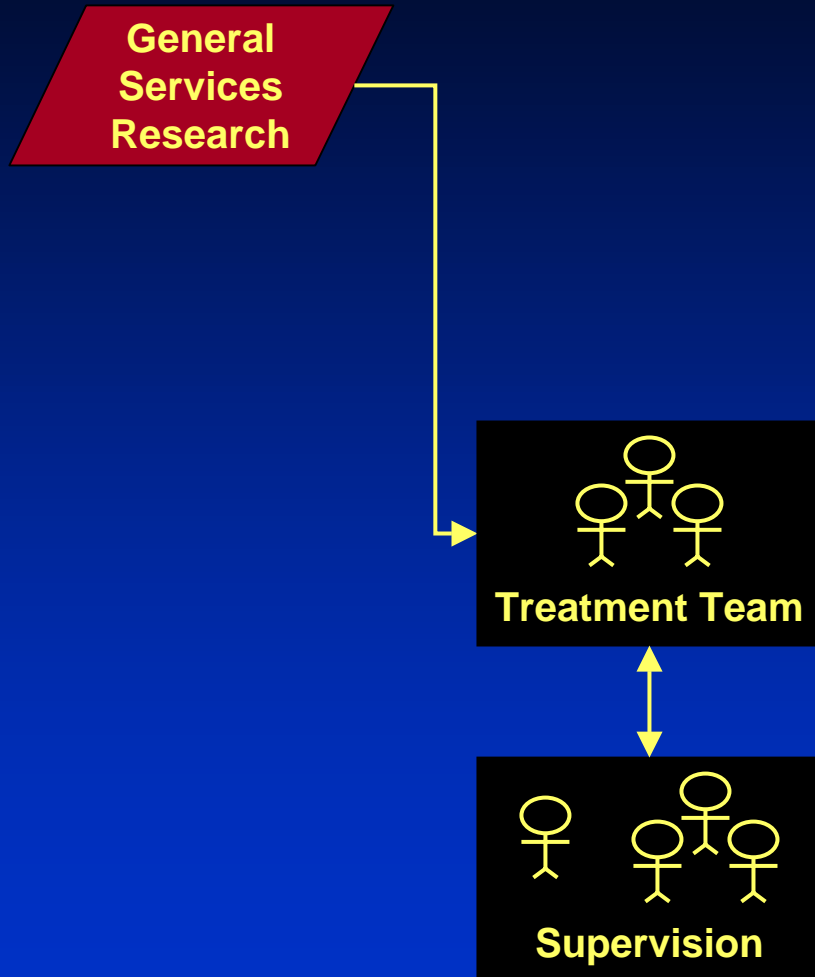
Now, back to the model...



Now that we see it, what do we do about it?

1. Data: Define and capture relevant data
2. Information: Organize and analyze into meaningful units for consumers
3. Knowledge: Deliver the information to the decision-making situation
4. Wisdom: Prioritize use of the knowledge bases

Hawaii Evidence-Based Service Strategies

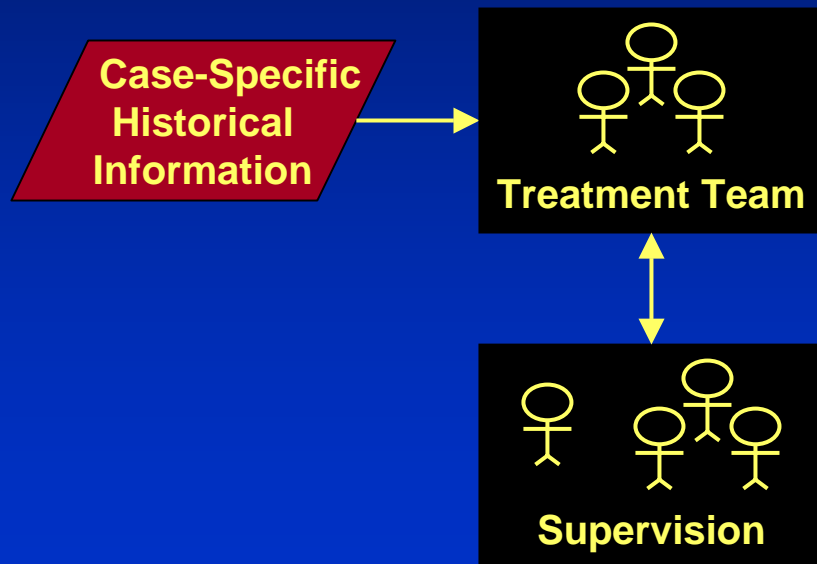


Data: Research articles, treatment protocols

Information: Efficacy, effectiveness, & practice element codes, evidence level system

Knowledge: "One-pager" (blue menu), practice profiles, practice guidelines, biennial report, training, mentoring, consultation, performance monitoring, program funding

Hawaii Case History Strategies

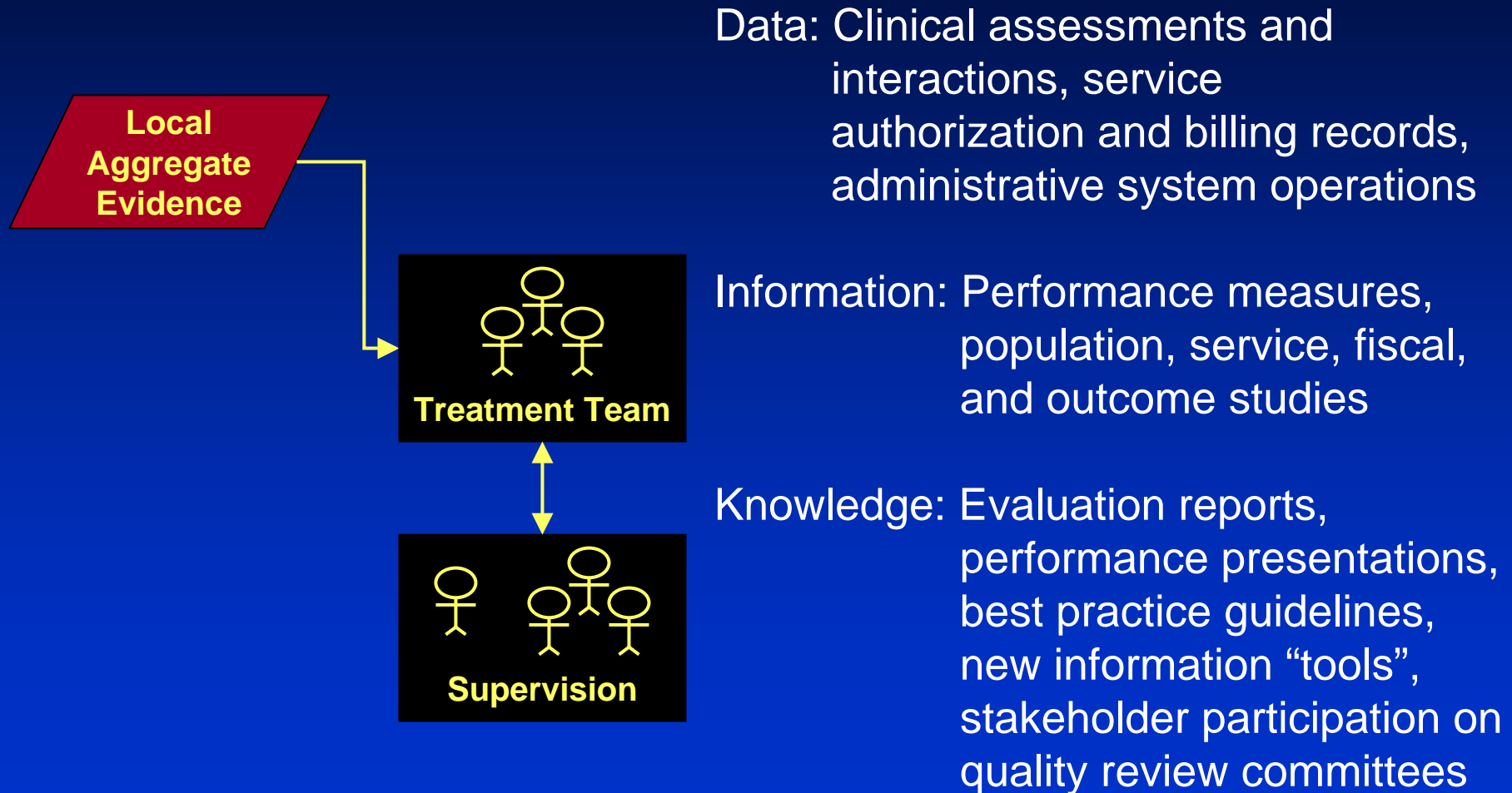


Data: Clinical assessments and interactions, service authorization and billing records

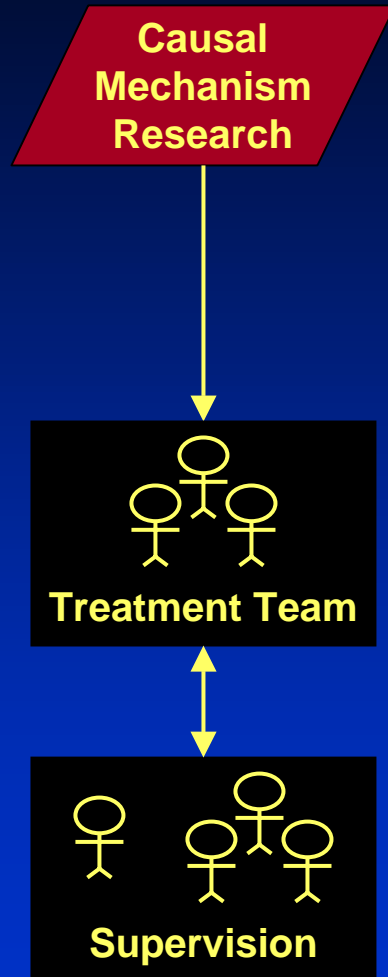
Information: ASEBA, CAFAS, CALOCUS, diagnosis, service plans, service settings, treatment targets, treatment progress ratings, treatment practices

Knowledge: "Clinical dashboards," operational reports, training, mentoring, consultation, practice reviews

Hawaii's Practice-Based Evidence Strategies



Hawaii's Causal Mechanism Strategies

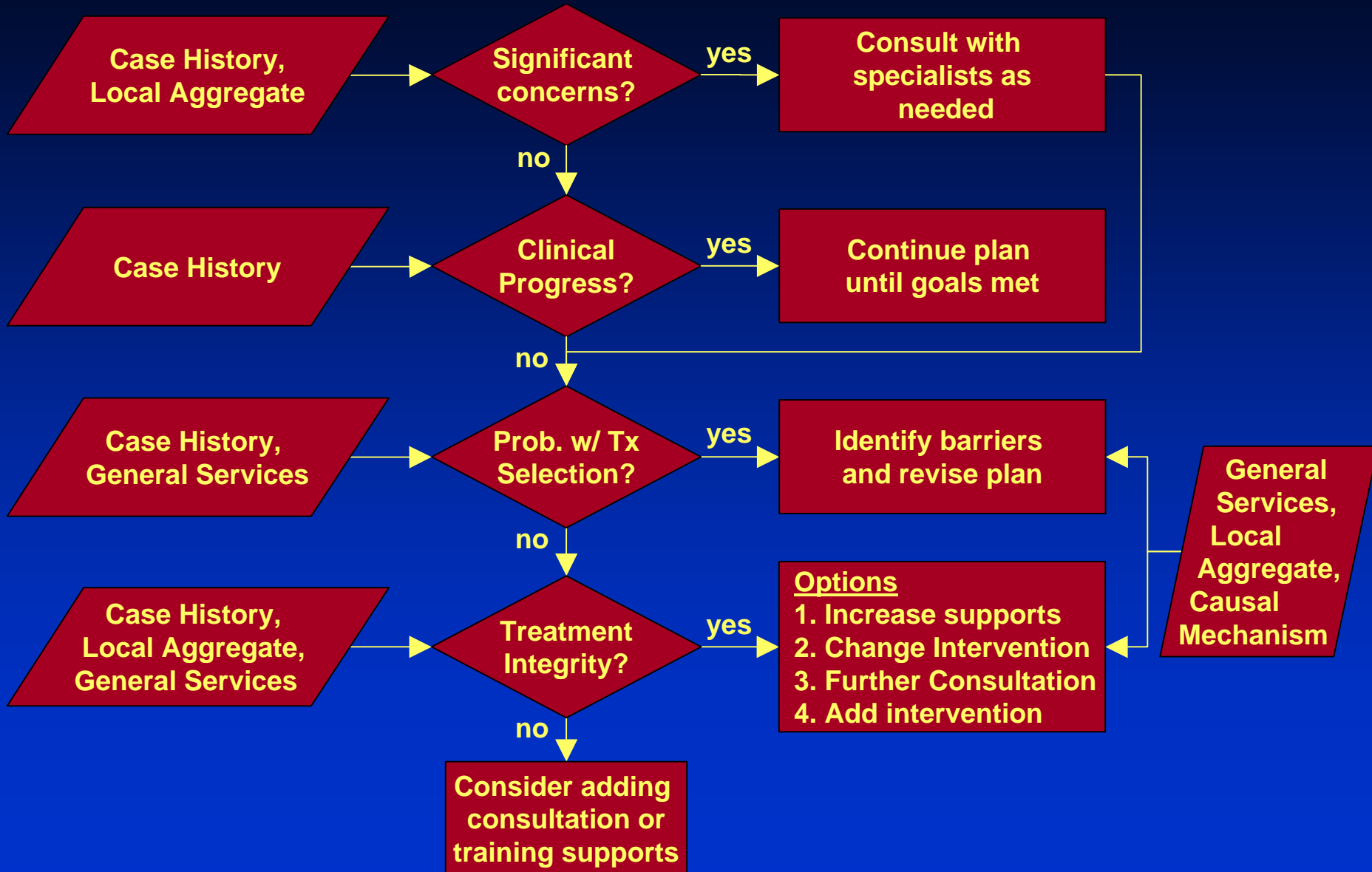


Data: Research articles, professional training & experiences

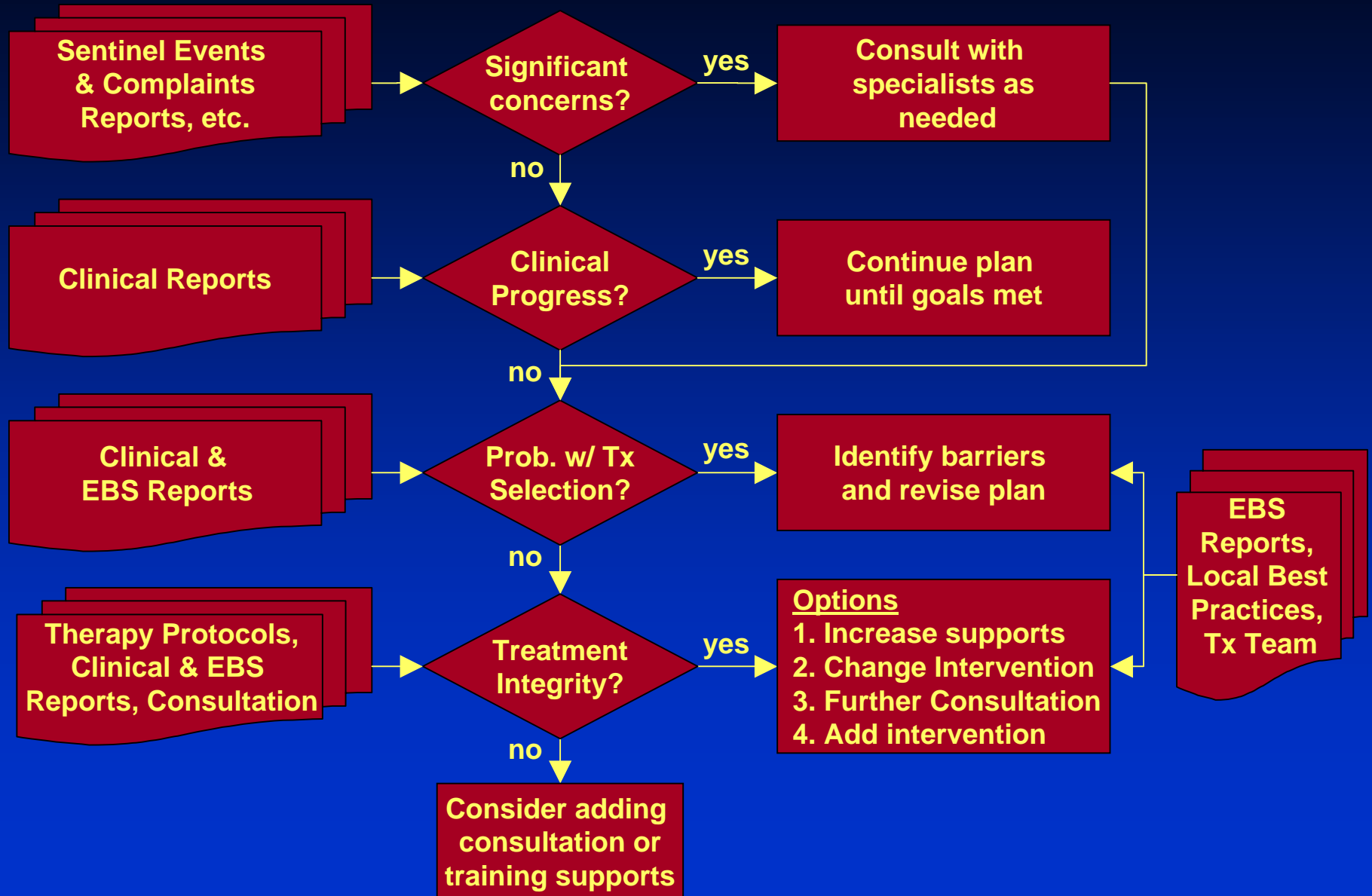
Information: Theories, facts, opinions

Knowledge: Treatment team memory & judgment

Hawaii's Foray into Wisdom



Hawaii's Foray into Wisdom



Case Example

Age: 16 years

Gender: Female

Ethnicity: Multiethnic - Native Hawaiian & Asian

Ohana: One parent, younger sibling, strong extended family and community supports

DSM-IV Diagnosis: Conduct Disorder, Amphetamine Dependence, Cannabis Abuse

Treatment History: First CAMHD admission, prior outpatient services (SBBH)

Note: Based on real case information, but protected health information was modified to ensure identity protection

Hawaii "Blue Menu" of Evidence-Based Services

Problem	Level 1 best support	Level 2 good support	Level 3 some support	Level 4 no support	Level 5 known risks
Anxiety	CBT; Exposure; Modeling	CBT+ parents; Ed support	None	EMDR; Play Tx; GIST	None
ADHD	Behavior Therapy	None	None	Biofeedback; Play Tx; GIST	None
Autism	None	None	ABA; FCT	Play Therapy; GIST	None
Conduct	None	Multisystemic Therapy	None	Juvenile Justice; Individual Tx	Group Therapy
Depression	CBT	CBT + parents; IPT; Relaxation	None	Family Tx; Individual Tx	None
Oppositional	Parent/Teacher Training	Anger Coping; Assertiveness; PSST	None	Relaxation; Individual Tx	Group Therapy
Substance	CBT	Behavior Tx; Family Tx	None	Individual Therapy	Group Therapy

EBS Biennial Report (2002): Conduct Problem Intervention Details

Intervention	Finish	Age	Ethnic	Staff	Length	Setting	Effect
Level 2							
MST	85%	10 to 17	59% AA; 41% C	MA	3 to 5 months	Home; School	0.50

Hawaii's Local Evidence

MST Continuum of Care Trial (Rowland et al., 2004)

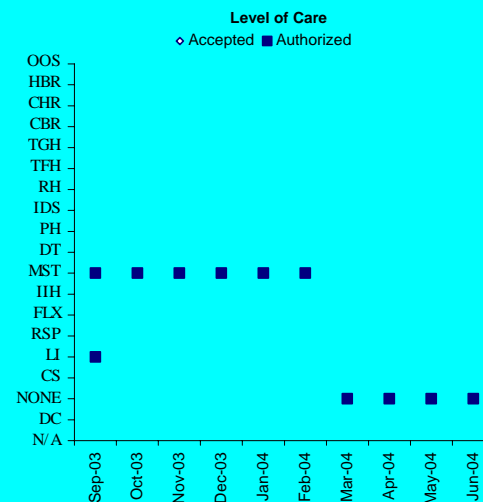
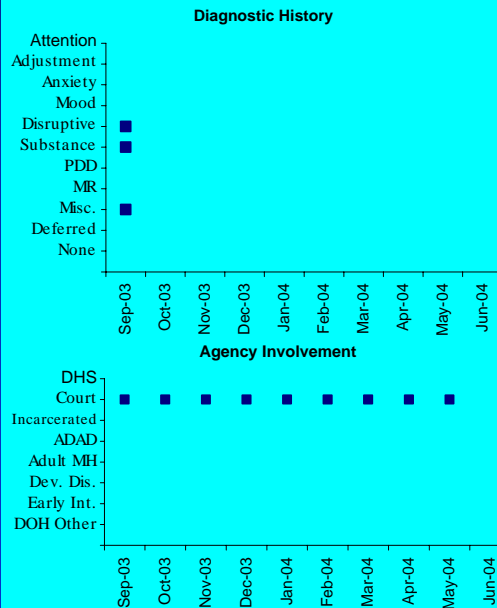
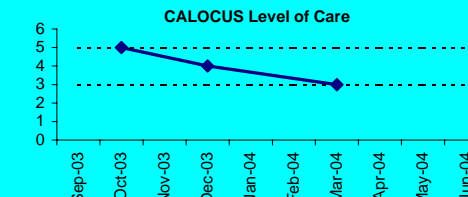
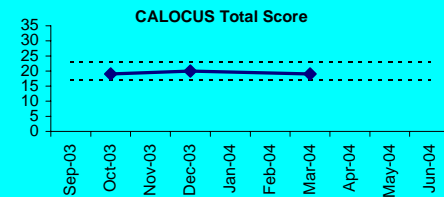
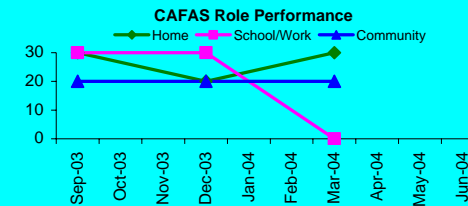
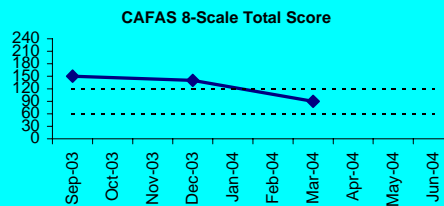
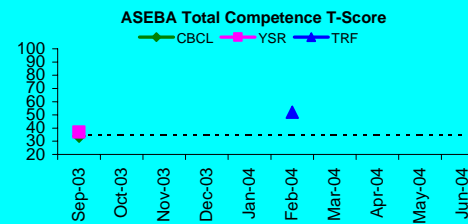
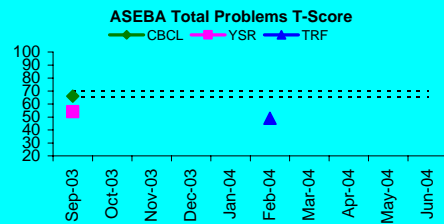
MST better than usual care in a diverse sample (84% multiethnic – Asian, Caucasian, Pacific Islander)

CAMHD Evaluation 2001 – 2003 (Daleiden, 2003)

1. Youth receiving MST services were likely to show reliable improvement in child functioning.
2. Race/Ethnicity was not significantly related to reliable improvement in child functioning.

CR Number: Example 1
Initial Registration Date:

Date of Birth:
Report Date: 5/10/2004



Incident Reports

November, 2003

Parent reported child had runaway and had not returned for more than 24 hours

November, 2003

Youth was arrested regarding runaway and transported to Detention Home

No Grievances Reported

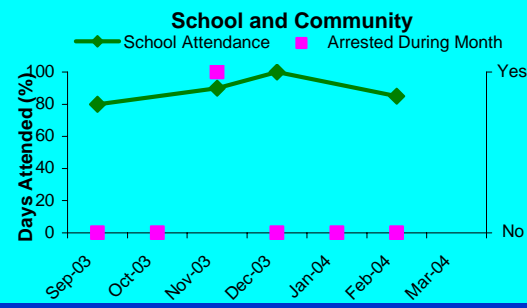
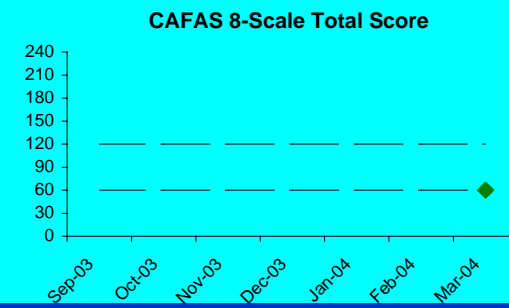
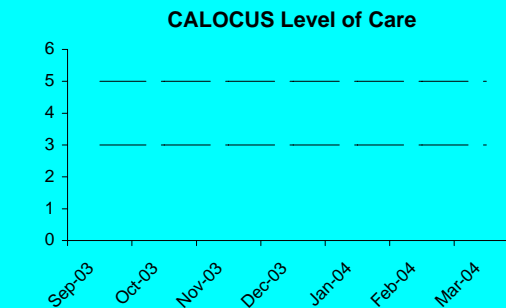
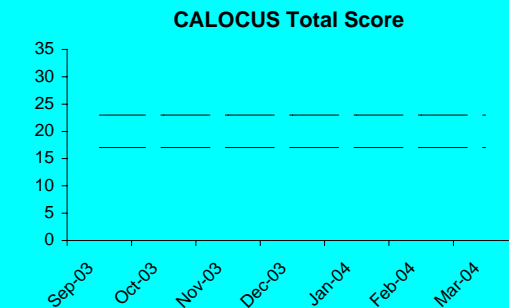
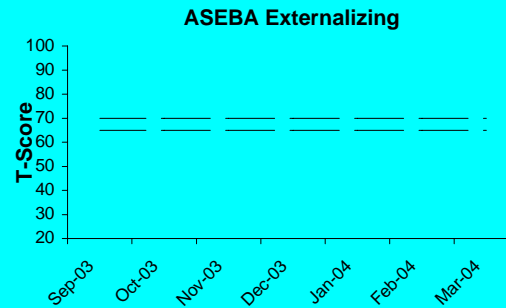
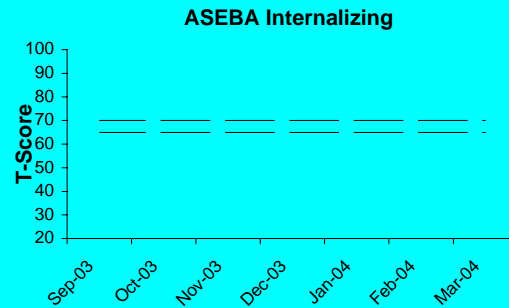
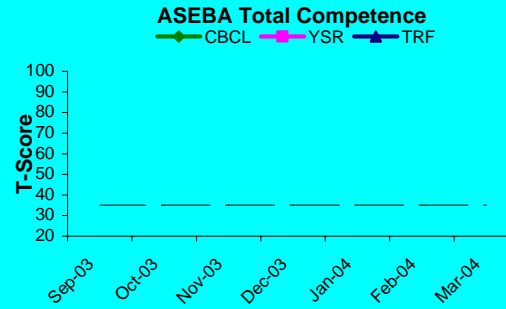
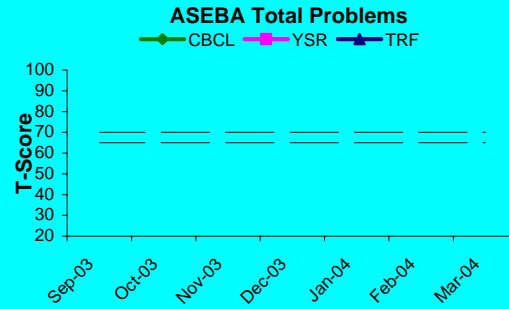
Provider Monthly Summary for Individual Youth: Clinical Progress

CR Number: Example 1

Date of Birth:

Initial Registration Date:

Report Date: 5/12/2004



Provider Monthly Summary for Individual Youth: Clinical Progress

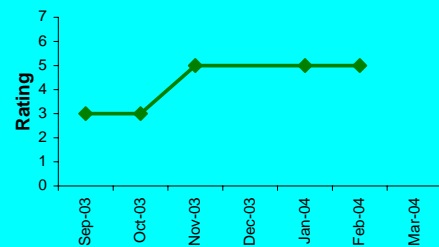
CR Number: Example 1

Date of Birth:

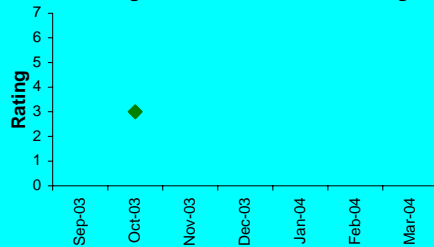
Initial Registration Date:

Report Date: 5/12/2004

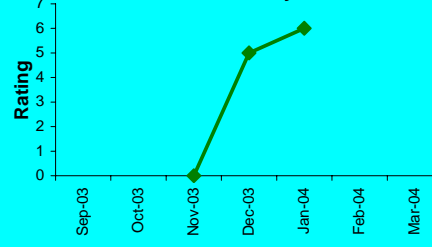
Academic Achievement



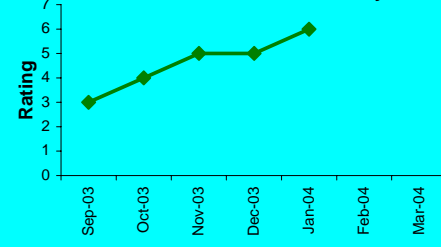
Cognitive-Intellectual Functioning



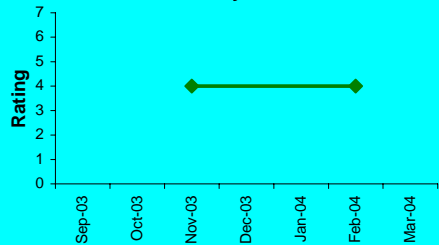
Runaway



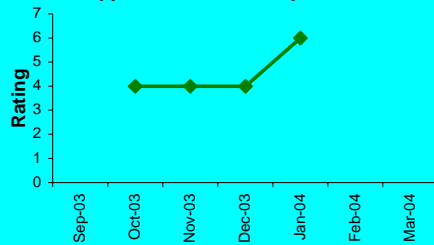
School Attendance/Tuancy



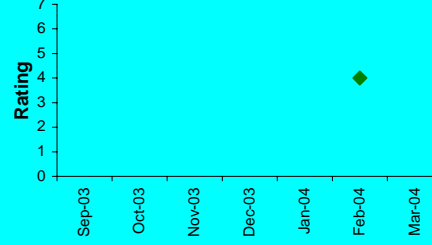
Community Involvement



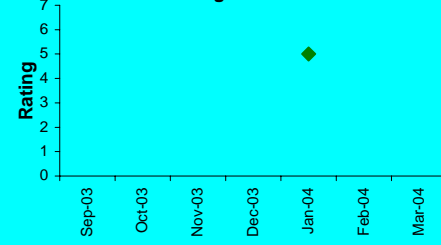
Oppositional/Non-Compliant Behavior



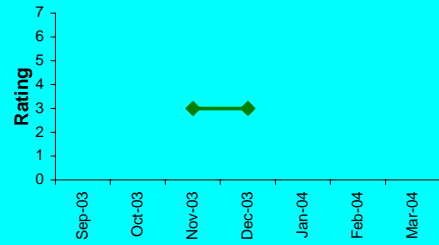
School Involvement



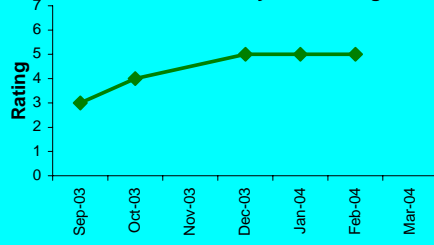
Self-Management/Self-Control



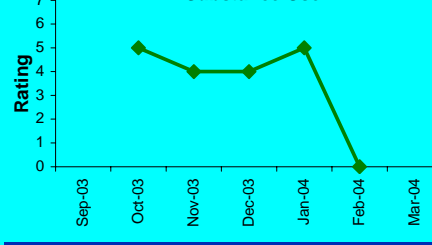
Peer Involvement



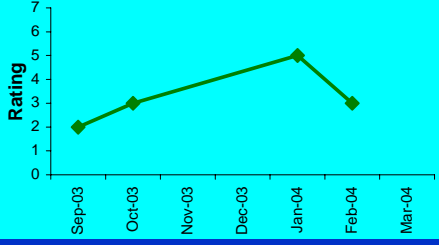
Positive Family Functioning



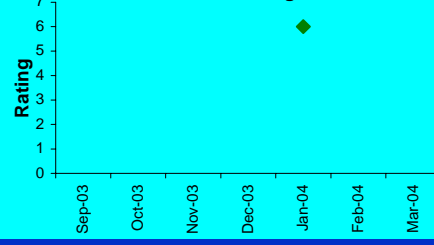
Substance Use



Positive Peer Interaction



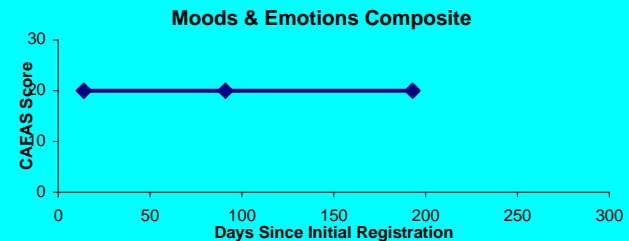
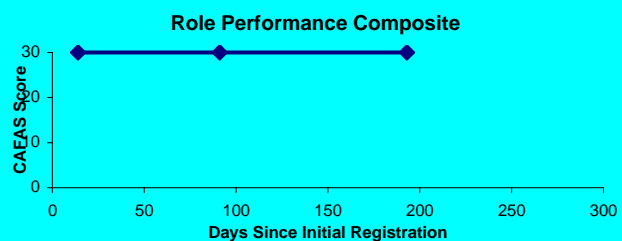
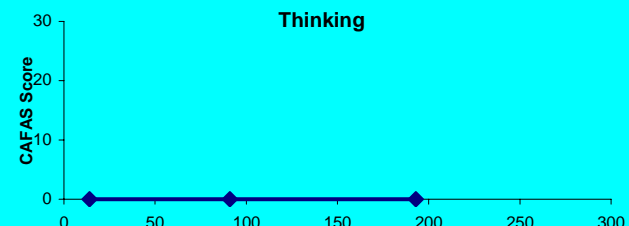
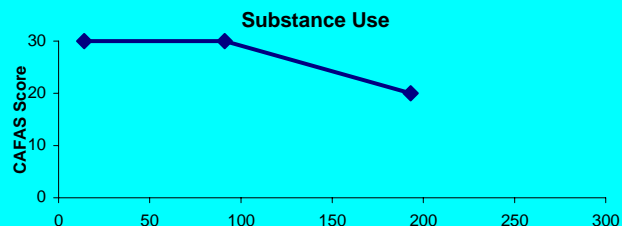
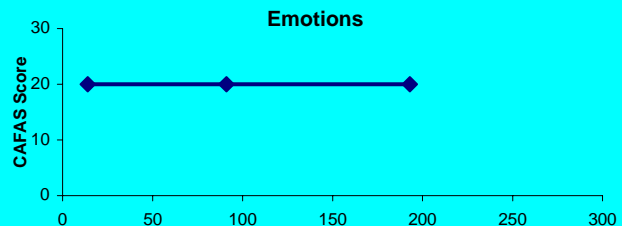
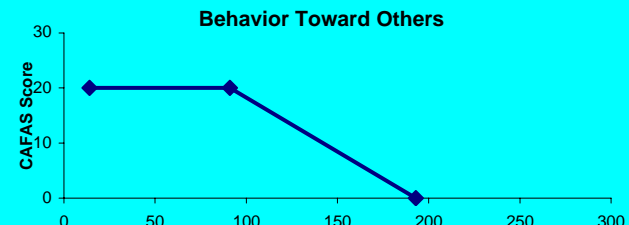
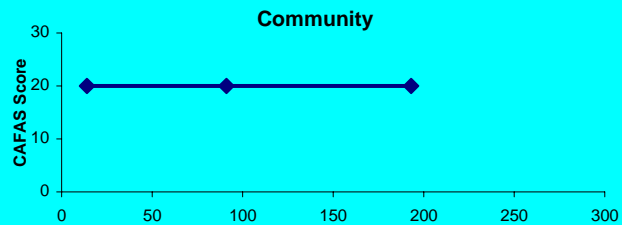
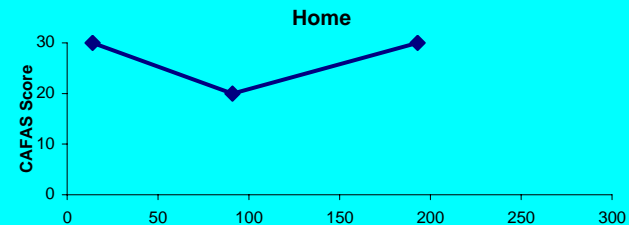
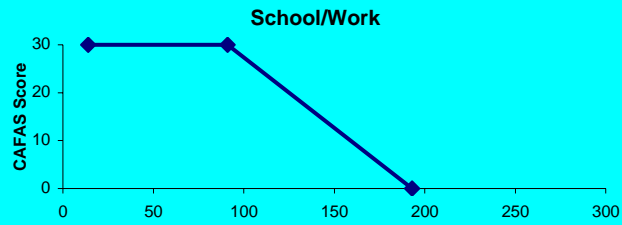
Positive Thinking/Attitude



CAFAS Summary for Individual Youth

CR Number: Example 1
Initial Registration Date:

Date of Birth:
Report date: 5/10/2004



Provider Monthly Summary for Individual Youth: Practice Elements

CR Number: Example 1

Date of Birth:

Initial Registration Date:

Report Date: 5/12/2004



Evidence-Based Services Summary of Practices Used in Qualifying Studies

Full Review in Progress - Data Provided for Illustration Only



Provider Monthly Summary for Individual Youth: Practice Elements

CR Number: Example 1

Date of Birth:

Initial Registration Date:

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